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BROWN ON SURGICAL DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of November, 1855.

Lithotomy.—*Case* 4 of last report (Mr. Borlase Childs') has since resulted in recovery.

Number of cases, 9; recovered, 7; died, 3.

Case 1. A healthy boy, aged 8, under the care of Mr. Moore, in the Middlesex. A stone, weighing ʒiij, was removed, and good recovery followed. *Case* 2. A boy, aged nearly 3, in fair health, under the care of Mr. Canton, in the Charing-Cross. Two stones, the size of nuts, were removed. Recovered well. *Case* 3. A healthy man, aged 58, from the country, under the care of Mr. Birkett, in Guy's. The stone was believed to be very large, and the bladder being very irritable, lithotrity was not tried. A large lithic acid calculus was removed, and, excepting a very slight hemorrhage on the sixth day, recovery without a drawback followed. *Case* 4. A healthy boy, aged 9, under the care of Mr. Birkett, in Guy's, having suffered from stone for five or six years. A lithic acid stone removed. Recovery without a bad symptom. *Case* 5. A healthy boy, aged 7, under the care of Mr. Solly, in St. Thomas's. The usual operation. Well in three weeks. *Case* 6. A healthy boy, aged 5, under the care of Mr. Simon, in St. Thomas's. Recovered well. *Case* 7. A boy, aged 8, in fair health, under the care of Mr. Prescott Hewett, in St. George's, having suffered from stone for six years. Three stones, consisting of lithic acid, coated with phosphates, and about the size of large marbles, were removed. Recovered well. *Case* 8. A feeble man, aged 58, under the care of Mr. Erichsen, in University College. Three years before Mr. Erichsen had performed lithotomy, and had subsequently much trouble in procuring the closure of a fistula which remained. The man had continued without symptoms of stone for two years and a half after the operation, and he had suffered nothing indicative of renal calculus. The

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cicatrix being dense and hard, Mr. Erichsen did not incline to again make the incisions on the left side, and he determined to perform the urethral operation, recently known as Allarton's. This was done, and a small stone removed. Owing to the adhesions between the bladder and rectum, the latter was slightly wounded in the incisions. The man did fairly for some time, but subsequently sank, and died on the twelfth day. The autopsy showed extensive disorganization of both kidneys from old disease, and some recent pyelitis. In the pelvis of one kidney were a large number of calculi. The parts about the urethra and bladder were not inflamed, but the bladder itself contained a small stone which had possibly passed down the ureter subsequent to the operation. The prostatic urethra, which, according to the theory of the operation, should have been dilated merely, was lacerated in several parts. (The specimens have been exhibited by Mr. Erichsen before the Pathological Society.) *Case* 9. A lad, aged 13, apparently in good health, but accustomed to drink spirits, under the care of Mr. Adams, in the London. Symptoms of stone had existed for some years. The usual operation was performed, and a large, oval stone removed. On the day following, the boy had a rigor, and much tenderness over the hypogastrium. Leeches and opium were used. Subsequently, the signs of peritonitis were very ill marked. Death took place on the sixth day. The autopsy showed the bladder, and parts concerned in the incision, in a healthy condition. Both kidneys were much reduced in size by the cicatrices consequent on former disease. There was universal peritonitis, which was least marked in the pelvic cavity, and most so about the liver, etc. In the latter region, a thick layer of soft lymph covered the viscera. *Case* 10. A man, aged 61, in tolerable health, under the care of Mr. Coulson, in St. Mary's. Lithotrity was proposed, but the stone being found to be large, and the bladder very irritable, was not proceeded with. Symptoms had existed two years, and for two months past had been very severe. The usual lateral operation was performed, but, owing to the size of the stone, it was found necessary to incise both sides of the prostate, and also to further enlarge the external wound. A lithotrite was used by the wound, but neither with it, nor with the forceps, could the stone be broken. After a little delay, a large, oval stone, weighing nearly four ounces, and measuring two inches and three-quarters across, was extracted. A laceration of the rectum having occurred in the removal, Mr. Coulson adopted the practice of laying the whole open into the wound. Stimuli were freely given afterwards, and with good effect. During the first week the man did well, but subsequently an attack of diarrhœa occurred, from which he sank on the tenth day. At the autopsy was found, as had been expected, extensive disease of the heart. The parts concerned in the incisions were in a good condition, and the capsule of the prostate was entire. The middle lobe of the prostate was enlarged, and its whole structure was extremely hard and rigid, its width being also unusually narrow.

Lithotrity.—A boy, aged 10, is under Mr. Curling's care, in the London, on whom during the past two months, repeated lithotrity operations have been performed. The fragments of a stone, at least the size of a nutmeg, consisting of phosphatic crust and a mulberry nucleus, have been passed, and with no bad symptoms. On several occasions, a fragment has been impacted in the urethra for a time, but incisions have never been necessary. It is believed that the bladder is now free, as the last few soundings have detected nothing.

Lithotomy in the Female.—A woman, aged 26, was admitted, under the care of Mr. Erichsen, into University College. She had had some symptoms of stone from childhood, but the presence of one was not suspected until, during her confinement, its large size was found to be a hinderance to the passage of the child's head. Craniotomy was necessary to delivery. After the confinement great irritation of the bladder followed, and the woman sank into a feeble state. The operation for its removal was performed three weeks after it. Lithotomy, by free incision into the vagina, was the plan selected, and a large, oval stone was easily removed. The stone measured 3¼ inches by 2½. After the operation, she remained for some time extremely weak; subsequently she rallied somewhat, but death from exhaustion occurred on the eighth day. At the autopsy, the wound was found in a healthy condition. Both ureters were much dilated, and the left kidney had been quite destroyed by old disease.

Herniotomy.—*Cases* 6, 7, and 8, left under

treatment by last month's report, have resulted in recovery. In *Case* 5, the bowel subsequently gave way into the wound, and an artificial anus resulted. Death from peritonitis followed on the nineteenth day.

Number of cases, 9; recovered, 3; under treatment, 4; died, 2.

Case 1. A woman, aged 50, under the care of Mr. Stanley, in St. Bartholomew's. Hernia femoral, size of a walnut; strangulated forty-eight hours; sac not opened. Recovered. *Case* 2. A man, aged 69, under the care of Mr. Solly, in St. Thomas's. Hernia inguinal; strangulated two days; sac not opened. Recovered. *Case* 3. A man, aged 49, under the care of Mr. Ure, in St. Mary's. He had been liable to scrotal hernia for twenty years. The gut had been down for three days, and had been irreducible, but the symptoms of strangulation had not been present. When admitted, the tumour was not tender, nor was there any material constitutional disturbance. A fair trial of taxis, with the aid of warm baths, opium, etc., having been made without result, it was determined to operate. The sac having been opened, a portion of the colon was found firmly adherent to its lower part. The adhesions having been separated, reduction was effected without division of the stricture. The man recovered well. *Case* 4. A woman, aged 51, under the care of Mr. Quain, in University College. Hernia femoral; strangulated two days; sac opened. The sac contained much serum, and a portion of gut, of a dark-brown colour. Doing well. *Case* 5. A woman, aged 32, the subject of phthisis, under the care of Mr. Quain, in University College. Hernia femoral; strangulated two days; sac opened. A small portion of gut, much congested, and adherent to the sac, was found. Doing well. *Case* 6. A woman, aged 44, under the care of Mr. Erichsen, in University College. Hernia femoral; strangulated thirty-six hours; sac not opened. Doing well. *Case* 7. A man, aged 56, a porter, was admitted, under the care of Mr. Adams, into the London. The subject of hernia for many years, he had yet never worn a truss. On October 17, he had a fall from some steps, after which he found his hernia of considerable size, irreducible, and in great pain. Whether or not it was down at the time of the accident, he did not know. Soon afterwards vomiting occurred, and the symptoms becoming aggravated during the night, he sought admission next morning. He then complained of great pain in the tumour; vomited often; had an anxious countenance, and quick, feeble pulse. The hernia was a large scrotal one, on the right side; it had distinct impulses on coughing, and might be somewhat diminished in size by steady application of pressure, but returned immediately to its former dimensions when the hand was removed. Mr. Curling and Mr. Ward saw him, and ordered leeches to the part and full doses of opium. When Mr. Adams visited him a few hours later, the symptoms were nowise relieved, and it was determined to operate. The parts between the skin and the sac were found much thickened and bruised. The sac having been carefully opened, a quantity of adherent small intestine was exposed. In attempting to separate these adhesions the gut gave way, and feculent matters escaped. The neck of the sac being quite firm, nothing further was done, the bowel being left *in situ*. Feces afterwards passed from the wound. The man's condition was very low, but, under the free administration of nutrient stimuli, he soon began to rally. On November 3, the daily use of nutrient enemata was commenced, and, on the 9th, for the first time, a feculent motion was passed per anum. The wound has since healed, excepting a fistula entering directly into the gut, through which as yet free escape of feces takes place. *Case* 8. A man, aged 64, under the care of Mr. Johnson, in St. George's. Hernia femoral, strangulated five days. The sac was opened, and the gut was found in a gangrenous condition, so soft that it broke down during handling. The man died a few hours after the operation. *Case* 9. A woman, aged 70, hernia femoral, strangulated forty hours: sac not opened. The wound healed, but the patient died six weeks after the operation, with symptoms of acute peritonitis. The gut was found to have given way above a scar which had been left by the sloughing of the strangulated portion.

Amputations.—Of the five cases left under treatment by last month's report, three have recovered, and two remain under care.

Number of cases, 17; recovered, 6; under treatment, 4; died, 7.

Of the Thigh.—*Case* 1. A boy, aged 9, in fair health, under the care of Mr. Cock,

in Guy's, on account of disease of the knee, of three years' duration. Amputation in lower third. Recovery. *Case* 2. A man, aged 34, admitted six months ago into St. George's, under the care of Mr. Hawkins, on account of compound fracture of the leg. Erysipelas followed, and disease of the knee-joint resulted. At length it became necessary to amputate. Recovered. *Case* 3. A lad, aged 19, under the care of Mr. Hawkins, in St. George's, on account of diseased knee. Amputation. Doing well. *Case* 4. A man, aged 39, under the care of Mr. Prescott Huett, in St. George's, on account of injury to the thigh from the ramrod of a small cannon. The bone had been shattered, and the femoral vessels torn; much blood had been lost. Primary amputation. Doing well. *Case* 5. A lad, aged 6, in good health, under the care of Mr. Adams, in the London, having had his left leg crushed by a wagon wheel. Primary circular amputation in lower third. The stump is now healed, excepting in the centre where the bone projects. Exfoliation will have to take place. *Case* 6. A woman, in fair health, under the care of Mr. Coulson, in St. Mary's, on account of anchylosis of the knee in a contracted position, the result of old disease. The amputation was performed solely for the removal of an encumbrance. For three weeks she made good progress, and the stump was fast healing. Subsequently she sank into a typhoid state, and death occurred at the end of a month. There were no indications of pyæmia. *Case* 7. A woman, aged 29, under the care of Mr. Ure, in St. Mary's, on account of diseased knee. She had refused amputation for some time, and was, at the time she consented, extremely reduced by pain, suppuration, and diarrhœa. Almost no blood was lost during the operation, but exhaustion continued afterwards, and death took place on the second day. *Case* 8. A man, aged 29, hectic and very ill, under the care of Mr. Canton, in the Charing-Cross, on account of diseased knee. After the operation, symptoms of acute phthisis developed themselves. The stump, which had nearly healed, reopened, and the bone protruded. Death from exhaustion occurred in the sixth week. No autopsy.

Of the Leg.—Case 9. A man, aged 30, under the care of Mr. Ure, in St. Mary's. Amputation at the ankle-joint had been performed eight months ago, and the stump being nearly healed at the end of four months, he left the hospital. Subsequently the stump reopened, and there being disease of the bones, it was determined to amputate in the lower third of the leg. Doing well. *Case* 10. A woman, aged 36, under Mr. Paget's care in St. Bartholomew's, on account of ulceration over an old and baldly united fracture. The fracture occurred eleven years ago, and for three years the ulcer had been unhealed. She was of intemperate habits, but in fair health. After the amputation, she was threatened with delirium tremens, but at length made a good recovery. *Case* 11. A man, aged 27, under Mr. Poland's care in Guy's, on account of compound fracture of the leg. Primary amputation in lower third. Death on the fourth day. At the autopsy, there was found a laceration of the liver, and separation of the sacrum, from both iliac bones, with separation also of the symphysis pubis.

Of the Foot.—Case 12. A seaman, aged 19, in good health, under the care of Mr. Busk, in the *Dreadnaught*, on account of disease of tarsus and metatarsus of right foot. Pirogoff's amputation, at the ankle-joint, was performed, the posterior third of the os calcis being left, and turned up into apposition with the cut end of the tibia. The articular surface of the tibia and the two malleoli were sawn away. The bones fitted well. At present (two months after the stump is a good and firm one, and almost entirely healed. No exfoliation has occurred, or is expected, but there was for a few weeks troublesome suppuration among the tendons of the peroneal and tibial muscles. The stump gives a leg about three-fourths of an inch shorter than the other. The man is now able to walk about. *Case* 13. A woman, aged 25, under the care of Mr. Johnson, in St. George's on account of diseased tarsus. She was the subject of incipient phthisis, and much out of health. Syme's amputation at the ankle-joint was performed, the malleoli and articular surface of tibia being sawn away. Erysipelas followed, and subsequently an abscess formed in the cellular tissue of the back. Death from exhaustion (pyæmia?) took place on the thirty-sixth day. The autopsy did not show any secondary deposits, but there was a vomica in one lung, and many scattered tubercles. *Case* 14. A man, aged 45, in tolerably good health, under the care of Mr. Fergusson, in King's College, on account of diseased tarsus. Syme's amputation at

the ankle-joint was performed. Three-fourths of the flap sloughed away, and the man sank from exhaustion on the fifteenth day.

Of the Upper Extremity.—Case 15. A lad, aged 15, of good health, under the care of Mr. Hancock, in Charing-Cross, on account of severely crushed arm. Primary amputation at the shoulder-joint. The lad was in collapse from most profuse hemorrhage, and sank three hours after the operation. Chloroform was given. By the use of brandy, he had rallied a little just before the amputation. The accident had occurred in a powder explosion, and had been attended by much shock. *Case* 16. A man, aged 23, consumptive and exhausted, under the care of Mr. Paget, in St. Bartholomew's, on account of diseased carpus. Free incisions had been practised some months before, but, the disease advancing, it was decided to amputate through the forearm. The man continued very feeble after the operation, and when he left the hospital the stump was not healed. *Case* 17. A healthy lad, aged 17, under the care of Mr. Lloyd, in St. Bartholomew's, having had his hand smashed by the bursting of a pistol. Primary circular amputation just above the wrist. Recovery without a bad symptom.

Ligature of Arteries.—Mr. Lane's case in St. Mary's, reported last month, is doing well. The ligature came away on the forty-fifth day.

Case 1. A man, aged 37, under Mr. Fergusson's care, in King's College Hospital, on account of aneurism of the left common femoral artery. Ligature of the external iliac. Death from pleurisy on the eighth day. (For detailed report, see *Medical Times and Gazette* for Dec. 8, page 567.)

Cases 2 and 3. In these the radial was tied for wound; both did well.

Case 4. A man, aged 35, under care in the London, on account of wound of the radial artery. Mr. Corner (House-Surgeon) enlarged the wound, and tied both ends of the vessel. The man subsequently died from erysipelas of the thigh, attended by delirium tremens. The wound in the forearm was very unhealthy, but there had been no bleeding.

Cases 5, 6, and 7. In two of these the radial, and in one the ulnar, artery was tied on account of wounds. All have done well.

Tracheotomy.—Case 1. A boy, aged 12, under care in a medical ward in the London, on account of phthisis, became affected with inflammatory œdema of the glottis. In a state of very perilous dyspnœa, and when he appeared to be fast sinking, tracheotomy was performed by Mr. Corner, the House-Surgeon. Immediate and great relief was obtained, but death from exhaustion occurred on the third day afterwards. The autopsy showed extensive œdema of the glottis, pharynx, and soft palate, and much tuberculous disorganization of the lungs. *Case* 2. A child, aged 2, under Dr. Jenner's care, in the Children's Hospital, on account of croup. The dyspnœa becoming urgent, tracheotomy was performed by Mr. Athol Johnson. Considerable relief was obtained, but, on the third day, the child sank from bronchitis.

Operations for Stricture, etc.—Case 1. A man, aged 35, was admitted into St. Thomas's, under the care of Mr. Macmurdo. Symptoms of stricture had been present for only three weeks. Complete retention of urine had existed for twenty-four hours. Catheterism had been attempted by a surgeon without success, much bleeding having been caused. The man's sufferings were, in spite of the opium which had been given, severe and urgent. Mr. Macmurdo made a patient trial with No. 4, and again repeated it while the man was faint in a warm bath. No success being obtained, and the bladder being distended, it was determined to operate. A catheter having been passed down to the stricture, an incision was made upon its point, and carried on into the urethra beyond, through the strictured part. This done, an instrument was passed from the wound into the bladder, and subsequently through the whole length of the urethra into the bladder. Only about six ounces of urine escaped, the reason why the whole contents of the bladder could not be drawn off not being evident. In the evening, an attack of bleeding made it necessary to plug the wound. By the injection of warm water into the bladder, a free escape of urine was procured. The man remained in the hospital a month, and left with the wound quite healed, and the urethra admitting No. 8 readily. He had had no bad symptoms.

Case 2. A man, aged 29, on whom, in January last, puncture of the bladder by the rectum was performed, on account of impassable stricture, was again admitted, under the care of Mr. Birkett, into Guy's,

on November 9. He was suffering from retention of urine, but after the use of opium, warm bath, etc., was somewhat relieved. On the following day retention was, however, again complete, and a perineal abscess was forming. Mr. Birkett succeeded in introducing a small catheter, on which he cut down into the perineum, and divided the stricture. The stricture was in the bulbous tract. The man had not a bad symptom after the operation, and is now convalescent.

Case 3. An intemperate and very dissolute man, aged 23, under the care of Mr. Cock, in Guy's, on account of stricture, which had existed two years. He was in bad health. The stricture was very tight, and had been for some time an impermeable one. Mr. Cock at length succeeded in passing through it a small grooved staff, (Syme's,) upon which perineal section was performed. There were no fistula, and had never been any perineal abscess, but the man had been under much instrumental treatment, and there was reason to suspect false passages. In the operation, the stricture was found long, and very hard. It was completely cut through, and a full-sized flexible catheter was afterwards retained for about twelve hours. There was no material bleeding. The man did fairly for some days, but, subsequently, an abscess formed in the back, and all the symptoms of pyæmia supervened. Death took place on the eighteenth day. No autopsy was permitted. The wound was in a healthy state.

Case 4. A healthy man, aged 35, under the care of Mr. Hutchinson, in the Metropolitan Free. He had been for eight years almost constantly under surgical treatment, on account of a stricture, about three inches from the meatus. No difficulty had ever been encountered in dilating, and, by a few months' treatment, it had generally been found practicable to get it to admit a No. 8. The peculiar feature of the case had been, however, the inveterate tendency of the stricture to recontract as soon as the daily use of instruments was omitted, a month's interval being generally sufficient for it to regain its former state. The stream of urine was, at the time of admission, about the size of a knitting-needle, and with great difficulty, a No. 2 steel instrument was passed through. Division of the stricture by external incision, anterior to the scrotum, was performed. After the most anterior one had been divided, a second, not nearly so tight, was found about an inch further down, and it, too, was divided from the original wound. A tract of urethra, about an inch and a half long, was thus slit up, the wound in the scrotum being not more than half an inch. The man had no ill symptoms afterwards, and left the hospital on the tenth day. He is now, at the end of a month, able to pass a No. 10 with the greatest ease, and the wound is very nearly closed.

Operation for Ruptured Urethra.—A man, aged 56, was admitted, under Mr. South's care, into St. Thomas's, suffering from retention of urine, consequent on a kick from a horse on the perineum. The retention had been complete for twenty-four hours. There was no extravasation. The catheter, when introduced, always passed out of the median line in the bulbous tract, and it was evident that the urethra was there lacerated. Mr. South made an incision on to the end of the catheter in the perineum, and having easily found the distal portion of the canal, guided the instrument on into the bladder. The catheter was retained for a few days. The man had not a bad symptom, and left the hospital with the wound soundly healed.

Incisions for Extravasation of Urine.—*Case* 1. A man, aged 48, was admitted into St. Bartholomew's, under the care of Mr. Stanley, on account of extravasation of urine, of twelve days' duration. The swelling of the parts had increased very gradually, but it had now become extreme, the scrotum being the size of a cocoa-nut, the perineum tense, and the tumefaction extending on the right side over the walls of the abdomen. The bladder reached nearly to the umbilicus. The constitutional distress was not so great as might have been expected. Symptoms of stricture had existed for three or four years previously, and for two months there had been incontinence of urine. Mr. Stanley made numerous and very free incisions into the distended parts. In one part, the cellular tissue was so deeply disorganized as to allow the finger to reach the triangular ligament. No attempt was made to find the urethra, or to introduce a catheter. For two or three days, the man remained drowsy from absorption of urine, but subsequently recovered extremely well. A No. 9 catheter now passes easily.

Case 2. A man, aged 45, the subject of stricture for some years, was admitted,

under the care of Mr. Birkett, into Guy's. He was suffering from extravasation of urine, urinary abscesses, etc., and had also some fistulous openings in front of the scrotum. Free incisions were practised, and a large quantity of purulent urine evacuated. The man recovered well, and the incision and the fistulæ all healed. The urethra now seems free.

Puncture of the Bladder.—A man, aged 58, under the care of Mr Thompson, in the Marylebone, with impassable stricture and numerous urinary fistulæ in the scrotum. The scrotum and perineum were swollen and indurated. No urine passed by the meatus. The swelling about the scrotum and perineum increasing, and the man suffering much pain and distress, Mr. Thompson determined to puncture the bladder by the rectum. The operation gave great relief. At the time of report, no attempt at catheterism had been made, the parts being too much inflamed. From the extreme induration of the parts, it would probably have been found impracticable to divide the stricture by cutting down on the end of a catheter.

Excision of Bones and Joints.—Case 1. A very strumous lad, aged 18, under the care of Mr. Cock, in Guy's, on account of disease of the metacarpal bones of the left hand. Amputation through the forearm had been recommended in the Margate Hospital. The wrist-joint was sound. Mr. Cock removed by incision into the back of the hand the cuneiform and magnum bones with the carpal two-thirds of the shafts of the metacarpal bones of the little and ring fingers. The metacarpal bones required division by forceps, the others were loose, and all were in a state of carious ulceration. The hand improved considerably in its condition after the operation, and, although subsequently it has been necessary to remove the cuneiform also, yet the wrist itself remains unaffected, and hopes are entertained of saving a useful member. *Case* 2. A strumous boy, aged 14, under the care of Mr. Brook, in the Westminster. The posterior half of the os calcis in a state of necrosis was excised, and the tendo-Achillis subsequently divided. Under treatment.

Removal of Non-Malignant Tumours.—Case 1. A healthy married woman, under Mr. Birkett's care, in Guy's, on account of a tumour in the breast, which had been observed two months. It was excised, and found to be a cyst with numerous intra-cystic growths. The gland itself was not removed. The wound quickly healed. *Cases* 2, 3, 4, and 5. Fatty tumours of considerable size. In all, the wounds healed well. *Case* 5. A woman, aged 44, under Mr. Cock's care, in Guy's, on account of an enormous mass of warts, involving the perineum and vulva. Excision. Recovery. *Case* 6. A woman, aged 30, under the care of Mr. Fergusson, in King's College, on account of an epulis, the size of a walnut, growing from the alveolus of the upper jaw. Excision. Recovery.

Excision of the Body of the Scapula.—A man, aged 30, small and spare, was admitted into St. Thomas's, under the care of Mr. South, on account of a broadish tumour, about the size of an orange, but flattened, which appeared to grow from the body of the scapula occupying its infra spinal fossa. He had formerly been treated in Paris for syphilitic nodes, and, some years ago, he had received an injury to the shoulder now affected. The tumour he had noticed only for six weeks, and it was rapidly increasing. There was also a small, movable tumour behind the clavicle on the same side. The opinion being that the disease was malignant and originating in the bone, excision of the whole was determined upon. This Mr. South performed in the following manner: A curved incision having been carried from the acromion to the lower angle of the bone, the flap of skin was dissected up. A spatula was now passed under the neck of the bone, which was next sawn through just below the base of the acromion. The whole body of the bone thus separated was dissected out, and, subsequently, several portions of diseased growth found in the adjacent soft parts were also removed. The man did well after the operation, the parts granulating freely. He has now left the hospital, the wound being all but healed. The tumour was found, after removal, to consist of several quite distinct masses, some of which were firmly attached to the periosteum, but most of which were connected with the muscles only. The bone itself was not diseased. Opinions differed as to the real nature of the growth. Mr. Busk, to whom it was submitted for examination, reported it of the nature of osteo-sarcoma, at points passing into soft cancer, while Dr. Bristowe and Mr. Sydney Jones, who examined it under appointment of the Patho-

logical Society, could discover only the elements of "fibroid tissue." Since the operation, the secondary tumour behind the clavicle has disappeared, and the man's health has somewhat improved.

Removal of Exostosis.—A lad, under the care of Mr. Holt, in the Westminster, on account of an exostosis, the size of a walnut, growing from the upper part of the humerus just below the attachment of the capsular ligament. Excision. Doing well.

Removal of Malignant Growths.—*Case* 1. A woman, aged 66, under care in St. Bartholomew's, on account of an epithelial cancer on the heel, the size of a five-shilling piece. Excision was practised, and the sore slowly healed. *Case* 2. A woman, aged 21, under care in St. Bartholomew's, on account of a tumour in front of the thigh. It was excised, and found to be of medullary structure. The wound has healed, but the inguinal glands are enlarged. *Case* 3. A man, aged 68, under the care of Mr. Clark, in St. Thomas's, on account of epithelial cancer of the lip. Excision. Recovery. *Case* 4. A woman, aged 46, under Mr. Cock's care, in Guy's, on account of a large, epithelial cancer, involving the whole left labium. The sore had a foul surface and ragged edges, much resembling, in appearance, a chimney-sweep's cancer. It had existed for one year. The entire labium was cut away, and the sore quickly healed. *Case* 5. A man, under the care of Mr. Fergusson, in King's College, on account of cancerous gland in the neck. A cancerous ulcer in the lip had been removed in October. Excision of the gland. Recovery. *Case* 6. A woman, aged 38, under Mr. Lloyd's care, in St. Bartholomew's, on account of a hard, painful, movable tumour in the left buttock, which had commenced three years before. It was about the size of a small egg, and was situated near the tuber ischii, having ill-defined borders, but unconnected with muscle. In other parts of the body were several similar masses of much smaller size. After excision, it was found to be of cancerous nature. The wound healed slowly. *Case* 7. A man, aged 40, under Mr. Fergusson's care, on account of a malignant polypus in the nose. It was removed on November 3, but is again increasing.

See "Excision of the Body of the Scapula," "Excision of the Breast," "Excision of the Testis."

Excision of the Breast.—*Case* 1. A woman, aged 38, under the care of Mr. Fergusson, in King's College, on account of scirrhus of the breast. Excision. Doing well. *Case* 2. A woman, in fair health, under the care of Mr. Skey, in St. Bartholomew's. The right breast, and an enlarged axillary gland, were removed on account of scirrhous cancer. The wound healed by granulation. *Case* 3. A woman, aged 65, under Mr. Tatum's care, in St. George's, on account of scirrhus of the breast. Excision. Under treatment. *Case* 4. A woman, aged 34, under Mr. Quain's care, in University College, on account of an encephaloid tumour in the breast. It had existed seven months, but had grown very rapidly during the last few weeks. Excision. Doing well. *Case* 5. A woman, aged 40, under Mr. Erichsen's care, in University College, on account of a small, scirrhous tumour in the breast, which had been growing for five years. Excision. Doing well. *Case* 6. A woman, aged 67, under Mr. Cock's care, in Guy's, on account of scirrhus of the right breast. There was also a mass of cancerous lymphatics in the axilla. Her health was good, and the disease was known to have existed for five years. The whole left breast had been excised by Mr. Key twenty years ago, on account of cancer, and the cicatrix had remained perfectly sound ever since. Mr. Cock removed the breast, but did not attempt to excise the glands from the axilla, on account of their deep adhesions. *Case* 7. A woman, aged 44, under Mr. Solly's care, in St. Thomas's, on account of a large, ulcerated scirrhus of the breast. The operation was performed merely for the sake of getting rid of a large, painful, and sloughing mass of disease. It was not possible to leave any skin for a covering to the wound, which latter has been left to granulate. Very great relief has been obtained by the operation. The disease has, however, since made its appearance in the axillary lymphatics, and there is also a hard tumour in the liver. Under treatment.

Excision of the Testis.—A sallow, cachectic man, aged 37, under the care of Mr. Simon, in St. Thomas's, on account of enlargement of the right testis to the size of an orange. The disease had existed fifteen months, and had the characters of soft cancer. Excision was performed, and the disease was found to be medullary can-

cer, complicated with cholesteatoma. The wound is fast healing by granulation.

Gastrotomy.—A case in which gastrotomy was performed, occurred in the Children's Hospital, some months ago, and was accidentally omitted from our list. The patient, a child, aged 2, was under the care of Dr. Jenner. Symptoms of obstruction had existed for some days, and no relief had been obtained by treatment. The operation was performed by Mr. Athol Johnson. An incision having been made in the median line, the intestines were exposed, and a large portion of the smaller bowel found in a state of intussusception. The adhesions were, however, too complete to admit of reduction. Death followed in a few hours.

Operations of Necrosed Bone.—Important operations for the removal of necrosed portions of bone have been performed in 12 cases, under care in the different hospitals. In all instances, the patients are doing well. (Several of the cases are of great interest, but our space does not permit of the insertion of our details.)

Ligature of Nævus.—The ligature of nævi in the usual method upon needles, has been performed in 8 cases, in all with success. In a ninth case, an infant at the breast, aged 5 months, was under the care of Mr. Athol Johnson, at the Hospital for Sick Children, on account of a very large nævus over the breast. It was limited to the skin, but had a diameter of three inches. It was ligatured in four parts, without the aid of pins. The wound left by its sloughing was very large, but healed kindly.

Plastic Operations.—*Case* 1. A man, under the care of Mr. Erichsen, on account of an opening into the trachea, the result of a cut throat two months before. A flap of skin was transplanted for its closure. The man left with the wound nearly healed. *Cases* 2, 3, and 4. In these, the usual operations were performed for ruptured perineum by Mr. Baker Brown, in St. Mary's. Two of them have proved successful, and the third is under treatment. *Case* 5. A woman, aged 45, under Mr. Brown's care, for vaginal rectocele. The usual operation was successfully performed. *Case* 6. A woman, aged 28, under Mr. Pollock's care, in St. George's, on account of vesico-vaginal fistula. Several operations had been performed before, all resulting in some benefit. A contraction of the orifice, but not a perfect closure, was procured by the present operation. *Case* 7. A woman, under the care of Dr. West and Mr. Paget, in St. Bartholomew's, on account of a large vesico-vaginal fistula. The edges were pared, and then united by suture, but no union followed.—*Med. Times and Gaz.*, Jan. 5th and 12th, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Suits for Mal-Practice.—In a recent number of the *Boston Med. and Surgical Journal* (March 13th), we find a notice of a case of mal-practice, tried in January last, in the Supreme Court of Massachusetts, before Judge Bigelow. The history of the case is as follows: M. L. Noyes, of Acton, while pursuing his business as peddler in Lowell, was thrown from his sleigh, being turned over upon the frozen ground, which was covered with a light fall of snow. He was carried to the Washington House, when Dr. N. Allen was called, who, after making such examination as he thought necessary at the time, occupying from ten to fifteen minutes, stated that he thought no bones were broken; but finding him cold, faint, and suffering from a violent shock to the whole system—complaining of his right side being injured, more particularly his hip, elbow, and shoulder—directions were given to get him warm, put his feet into warm water, rub him thoroughly, and apply hot spirits and wormwood to the injured parts. There was some difficulty in the use of the arm—supposed to arise from laceration of the ligaments in the elbow-joint, as no fracture was detected in making the natural movements of rotation and flexion. Dr. A. called the next morning (the previous visit being made the night before), and, on the first inquiry, was assured by the patient that he was much better, and he thereupon, without asking any examination of the arm, or further treatment, paid and discharged his medical attendant. The next time the physician heard of the case—having no suspicion but that this stranger had perfectly recovered and was about his usual business—was nearly three months afterwards, when a suit for "breach of contract" was served upon him, claiming damages to the amount of $5,000 for a broken arm.

After occupying the court five days, a verdict of *entire acquittal* was rendered.

This makes the fifth case of mal-practice which has been tried in the courts of Middlesex County, within six years, and the following summary is given of them:—

"In the case of Dr. Peter Manning, of Lunenburg, at the first trial the jury returned a verdict of $362 50 damages against him, which was set aside by the whole court as against the weight of evidence, Judge Shaw giving a carefully prepared opinion. Notwithstanding this, the jury at the next trial gave a verdict of $100, which was also set aside by the whole court, and for the same reason; whereupon the counsel for both parties agreed to drop the suit.

"In the case of J. T. G. Leach, of Lowell, the jury did not agree on the first trial; but, at the second, brought in a verdict of $300 damages. But this verdict was set aside by the whole court as being against the weight of evidence, and the defendant, rather than have the trouble and expense of another trial, settled the matter by paying the other party something towards the costs.

"On the first trial of the case of Dr. Joseph Kittredge, of North Andover, the jury returned a verdict of $1,675 damages, which was also set aside by the whole court, being considered against the weight of evidence. At the second trial, the jury disagreed, and the defendant then compromised the case by paying something towards the costs.

"The fourth was that of Dr. Bartlett, of Somerville. On the first two trials the jury did not agree; but at the third trial, *acquitted him*—thereby throwing a heavy bill of costs upon the prosecuting party.

"Thus in these five cases, four verdicts were returned; and all, after careful examination, were set aside by the whole court, showing that the jury must have been clearly mistaken in the evidence, or were influenced in their decisions by prejudice. In four instances the jury did not agree; and in only two did they return an acquittal. The whole expense of these cases probably has exceeded $10,000—most of it paid to counsel. *None of the plaintiffs in these cases have received a single cent, but made for themselves, as well as the defendants, a heavy bill of costs.* This is surely not very profitable litigation to the parties most immediately concerned."

Legal Robbery of a Physician.—We find the following statement in a late No. (Jan. 1856) of the *New York Medical Times*.

"We have heard recently of an instance, in a neighbouring State, in which a large stone fell upon the arm of a man and crushed it to such a degree that the first question was as to the propriety of primary amputation. It was decided, however, to attempt to save the limb, and the attempt proved successful, though of course not without deformity. But the natural bonesetter, Dr. Sweet, testified that he was always in the habit of curing such cases without deformity; and the judge being a warm admirer of Dr. S., a verdict was obtained against the surgeon for mal-practice, contrary to the opinions given in court by some of the leading physicians in the vicinity, and while he was really entitled to credit for saving the limb in a condition to be of considerable use to the patient.

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Pennsylvania Hospital.—Some years since, the managers of this institution, in order to lighten the arduous labours of their surgeons, increased the number, from three to four. With a similar view they have recently decided to increase the number of their physicians from three to four. To the situation thus created they have elected Dr. J. J. Levick. A better selection for this honourable and responsible post could not have been made.

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The Stethoscope.—In our number for January last, we noticed the union of this Journal with the *Virginia Medical and Surgical Journal*. It is stated that this union was consummated by the publishers of the Journal, without the consent of the editors, and Drs. G. A. Wilson and R. A. Lewis, the editors, have determined to continue the publication of the *Stethoscope*. We have received the numbers for January and February.

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Philadelphia College of Medicine.—We are informed that Dr. Alfred T. King, of Evansburg, has been appointed professor of the Practice of Medicine, and Dr. George Dock, of Harrisburg, professor of Surgery in this school.

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The Medical Independent, and Monthly Review of Medicine and Surgery.—This is the title of a new journal, edited by Drs.

HENRY GOODBY, EDWARD KANE, and L. G. ROBINSON, the first No. of which appeared last month, at Detroit, Michigan.

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American Medical Association.—The committee of arrangements for the next meeting have secured, we are informed, for the use of the Association, "FIREMAN'S HALL," at the corner of Jefferson Avenue and Randolph Street, Detroit. The committee will be in attendance at the hall several days previous to the meeting, to aid the delegates in obtaining suitable accommodations.

FOREIGN INTELLIGENCE.

New System of Ventilation.—A new system of ventilation has recently been invented, and extensively adopted in Paris. Mr. Duvior is the inventor.

The peculiarity of this system is, that it supplies two processes at one and the same time; namely, warming and ventilation.

The plan is simple. At one end of the building that is to be warmed and ventilated by this system, there is sunk in the soil chamber containing a grate, on which is placed a bell-shaped double walled iron vessel, filled with water. From this reservoir, and running upwards in the chimney of the furnace, are three pipes which are made spiral, so as to offer a larger surface for obtaining heat from the smoke ascending around them,

The spiral pipes convey from the lower reservoir an upward current of heated water, to an open reservoir at the top and centre of the building. From thence the water is distributed downwards, and in its heated state, by other pipes, into every part of the building. In each room is a kind of water stove, through which the water plays, and from which sufficient heat is radiated to warm the apartment. After the water from the upper reservoir is fully distributed over the building, it is collected by a common pipe, and is conveyed into the lower reservoir over the furnace to ascend and circulate, give up its caloric in some part, and return for more.

As the water on its journey is only partially cooled, the amount of fuel required in the furnace is moderate. By this simple means the warming process is carried on; but more than this is effected, for ventilation is at the same time secured.

The open reservoir at the top of the building, which, as we before said, was kept filled with hot water, is surrounded by a chamber, out of which a shaft rises. This chamber receives the air from all the rooms of the building, by means of a series of ventilating tubes or shafts, one of which runs from each room upwards to the top of the building, where it enters at right angle into a common transverse shaft communicating with the chamber.

From the extensive radiation of heat from the open reservoir, the air in the chamber is expanded, and a constant current from the building below upwards through the shaft is sustained.

Each of the ventilating shafts in the separate rooms is provided with a square opening at the bottom and the top. These admit of being closed at pleasure. In the winter, the upper one is closed, and the air, therefore, with which the room is charged from without has to find its escape by a downward movement to the opening at the bottom of the room, and so upwards through the shaft. In the summer, the lower opening is closed, and the upper one is opened, so that the current is directed upwards into the ascending shaft.

The advantages which are said to arise from this system are: 1st. That it insures free ventilation; 2d. That it warms and ventilates at the same time; 3d. That it is cleanly and inexpensive: 4th. That in hospital wards, where the emanations from the sick are offensive or pernicious, such emanations can be borne away directly from above downwards, by having the upper opening in the ventilating shafts in each ward closed, and the lower one open. The wards are thus constantly swept clean of all hurtful gaseous products.

The mode of ventilation here described has been applied in Paris to many public buildings with entire success. There lies before us at this time, a diagram showing this principle as applied to the "Hôpital de Lariboisière," and also several reports from distinguished judges of the value of its action and of its successful application. These are all candid, and, at the same time, are in general decidedly favourable.

We hope, ere long, to see M. Duvior's principle introduced into this country. If its success were confirmed, it would prove

a valuable acquisition, and not an unprofitable one in a business point of view.

For the intimation of this mode of ventilation, for the inspection of the diagram above referred to, and for the perusal of the documents descriptive of the plan, we are deeply indebted to Dr. Waller Lewis, whose knowledge of the sanitary state of the capital of France, and of the various improvements in sanitation, is of a high order. Dr. Lewis, after having seen Duvior's system in operation, expresses himself to us as perfectly satisfied in regard to its utility.—*Journal of Health*, Dec. 1855.

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Space to be accorded to Inmates of Public Institutions.—The editor of the *Journal of Health* (Dec. 1855) says that "the amount of space should vary under different circumstances. In the common living or day-room where the inmates are constantly moving, the space should not, under any system of ventilation, be less than 400 cubic feet per person. In the sleeping apartments of healthy people 600 cubic feet should be the minimum, 800 not being too much. In the sick ward 1000 cubic feet is the least that should be permitted. Of course ventilation makes great differences, but as this is most uncertain, and as the amount of common air required by each individual is about 212 cubic feet per hour, a liberal view in regard to space should be taken. Sir John Pringle remarks that for a ward to be healthy, it ought to have but half as many beds as it would to appearance conveniently hold. There is a great truth in this observation."

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Extramural Interments.—[We solicit attention to the following extract from an article, by Dr. Pickells, on extramural interment, in the *Journal of Public Health* for September last. The public, in this country, have shown themselves signally indifferent to sanitary regulations; and nuisances destructive to health and shortening life, are allowed to be established in our large cities, which it will hereafter require large expenditures and much labour to remove.

Public attention has been latterly awakened in England to the importance of sanitary measures, and immense expenditures and Herculean efforts are there being made to effect reforms.]

"In bygone times, when the laws of health were little understood or attended to, how much might have been done by the adoption of active sanitary measures of precaution towards limiting, if not preventing the ravages of those epidemics, which, in many instances, almost converted cities into deserts, the destruction being proportioned to the populousness of the place! 'The thicker the grass,' said Attila, in refusing, at the siege of Rome, to allow a part of the population to quit, 'the more easily is it mown.' 'Great cities,' said our homely proverb, 'great graves!' Vicq d'Azyr, in his notes on Pittolini, above alluded to, is anxious to render to the French nation a homage which he conceives is justly its due, in proving by extracts from works written on the subject, that it is to it we owe the first elements of sanitary reform, in regard to extramural interment. Dr. Haguenot, professor of medicine in the University of Montpellier, is, according to him, the first among the moderns who (in 1744) exerted himself with energy against the abuse of burying in churches, introduced as it has been by vanity, bad example, and the relaxation of the ancient discipline of the church; the abuse becoming custom, and custom becoming law! What in the first instance opened the eyes of Dr. Haguenot to the dangers of intramural interment, was an occurrence in the cathedral of Montpellier. 'Three men died in a church-vault; a fourth had barely time to escape from certain death, and experienced, for some time after, symptoms which made his friends fear for his life. His clothes and his whole person exhaled during several days a cadaverous odour.' M. Maret, doctor of medicine, and Secretary of the Academy of Dijon, developed more and more the dangers, in *Mémoires sur l' Usage, où l'on est enterrer les Morts dans les Eglises, et dans l'Enceinte de Villes*, a Dijon, 1773. He remarks on the ill construction of churches of his time, as in many instances, from their form and position with regard to winds, impeding free ventilation, and favouring the concentration of noxious vapours; and involving danger, in epidemic seasons, to crowded congregations, from the transpiration of the living, and the effluvia from the dead. In laying down a plan of extramural interment, for the city of Paris, 'penetrated,' he says, 'by the dangers of interment within the walls of cities;' the author of a small tract,

published in 1768, entitled *Petit Traité sur les Sépultures*, has anticipated, it would seem, many of the views and suggestions set forth by Mr. Chadwick, in the proposed 'London Metropolitan Interment Bill.'

"The fact of the vitiation of the water of wells in the neighbourhood of churchyards, appears to have been first noticed, as an additional objection to burying within the precincts of towns, by the author of '*Memoires sur les Sépultures hors de Villes*, 1774.' 'The water of a well, situated under the cemetery of St. Louis, at Versailles, could not be used on account of its fetidity.' A fatal catastrophe, mentioned by this author as having occurred in a church vault, conveys a fearful warning.

"'The lord of a village, two leagues from Nantes, having died, it was intended to give his coffin a more honourable place by removing several others, and among them that of a kinsman who had died three months before. A stench the most fetid diffused itself through the church. Fifteen assistants died in a short time after. The four persons who disturbed the coffin sank first, and six clergymen who were present at the ceremony barely escaped with their lives.'* Fourcroy has found, after a long course of investigation, that the seventh or eighth day after the body is put into the ground is the latest at which it can be said to be whole. At the end of that short interval the process of decomposition commences, and produces in the first instance a fluid, which ultimately increases so as to burst the abdomen and let out a gas that is capable of producing the most mischievous effects, and even death, should a person approach too near the corpse.'

"A French writer, not noticed by Vicq D'Azyr, who has written against intramural interment, is the celebrated Abbé St. Pierre, in his *Studies of Nature*. 'In the first place,' he says, 'I would have a rule made that no one should be buried in a church.' He sketched a plan of extramural interment for the city of Paris, allotting, in an island of the Seine, a distinct receptacle for the ashes of such as may have deserved well of their country, not less by the arts of peace than by achievements in war. In regard to the abuse of burying in churches, 'the principal obstacle to this necessary reform does not,' he observes, 'arise from the clergy, but from the great and the rich, who, seldom disposed to crowd the church in their lifetime, are eager for admission into it after their death, that people may admire their superb mausoleums, and their virtues as portrayed in brass and marble. But, thanks to the allegorical representations of our artists, and the Latin inscriptions of our literati, the people know nothing about the matter, and the only reflection they make at the sight of them is, that all this must have cost an immense sum of money, and that such a vast quantity of copper might have been much better employed in making kettles.'†

"The great extent to which the practice of burying in churches was carried at the time when St. Pierre wrote, may be inferred from the indignant exclamation of Voltaire—'What, are our temples to be paved with carcasses!'"

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The Financial Aspects of the Sanitary Question.—Nothing is now more obvious to the world at large than the fact that health is wealth—wealth in a variety of ways; in the reduction of taxation; in the saving of the doctor's bill; in the saving of happiness. Mr. Chadwick, in the excellent treatise in hand, has spoken on these facts, and has proved them. He takes, for the purpose of illustrating his point, a comparison between the townships of Salford and of Manchester, and those of a neighbouring township, Broughton. In Salford, thirty-one persons per thousand die annually; in Manchester, even a larger number, whilst in Broughton, only fourteen persons in a thousand die yearly.

To account for this by reference to the

* To other facts on record, tending to show that mephitic exhalations are sometimes so dangerous vehicles as to be adequate even to the production of epidemics, or to the envenoming of them when reigning, may be added the following from an interesting work, lately published in this city by John Lindsay, Esq., entitled, "Views of the Parthian History and Coinage." "A pestilence," he says, "which broke out in Babylon in the second century, the Roman writers attributed to a singular cause, to a dreadful stench, which proceeded from a golden coffer in the temple of Apollo (Belus), which was opened by a Roman soldier in search of plunder." Might not this have been sepulchral, inclosing the remains of some distinguished chief or hero? In the Iliad, we read the ashes of Hector were "inclosed in a golden coffer," σε χρυσειη λαρναξι.

† Pulsome epitaphs of this sort prompted the lines of Byron:—
"When they are dead, upon their tomb is seen,
Not what they were, but what they should have been."

situation or site of the buildings in each township would be useless; a great portion of the people in Broughton live at as low a level as in Salford, and some localities in Salford are as healthy as any in Broughton.

The cause of the difference lies in the circumstance that in Salford there are masses of over-crowded, ill-ventilated, damp and undrained houses; that there is a want of water, and other domestic conveniences, and a consequent absence of cleanliness, which leads to want of self-respect, to drunkenness, to disease, and crime.

There is also great over-crowding, except in the twenty-seven common lodging-houses now registered in Salford, and in the other public institutions. The over crowding in other parts will exist, says Mr. Chadwick, until the working classes themselves understand this subject, and begin to ask and require proper sanitary regulations, and refuse to occupy, at any price, badly drained, damp, ill-ventilated, and over-crowded houses; as sure as the working classes demand this, so sure will a good supply of better houses, without any material advance in the rents, be provided. These are the true facts. For every death, there are twenty-five cases of illness on an average; each death costs on an average £60, including funeral expenses, medical attendance, loss of labour, and the like. Judging from analogy, there are in Salford 700 deaths annually from preventable causes alone; hence, to remove these causes might insure an annual saving of a sum of money exceeding £40,000. To effect this saving, the main thing required is, that the working classes should understand what are the sanitary requirements to secure health and comfort in their homes.—*Journal of Public Health*, Sept. 1855.

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Prevalence of Typhus Fever in London.—It is not without concern that we notice the great prevalence of typhus fever at present in the metropolis. The London Fever Hospital is crowded with patients, and many of the cases have assumed the worst and most fatal character, notwithstanding the great sanitary advantages of this establishment. If the number of typhus cases in the hospital may be received as an indication of the amount of the same disease outside the walls, a very serious epidemic must, at the present moment, be raging around us, and we have no doubt that such is the case. The appearance of a few fatal cases of cholera would frighten the island out of its propriety, and yet the ravages of typhus fever, a disease nearly as fatal, causes but little attention. The causes of cholera and of typhus are pretty much the same, and our sanitary arrangements must be sadly defective to harbour such diseases among us; for experience has pretty clearly proved that both are owing to preventible causes, and might be extirpated by enlightened sanitary legislation.—*Med. Times and Gaz.*, Feb. 9, 1856.

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Cholera in Lombardy.—The cholera has extended itself over the whole of Italy, and every where with destructive ravages. Upper and Middle Italy have chiefly suffered. In Lombardy, from the commencement of the epidemic up to the 19th of August, as to the provinces, and the 25th of August as to the city of Milan, the number affected has been 33,114; of whom 6,832 are reported as cured, 15,366 as dead, and 10,916 as under treatment. In Brescia alone, the seizures have been 15,796; of which number the cures are 3,596, the deaths 6,949, and those remaining under treatment 5,251. In the city of Milan the cases number 295; of whom 40 were cured, 182 dead, and 73 under treatment. A writer in the *Annali Universali di Medicina* attributes the comparative paucity of cases at Milan to the excellent constitution and admirable preventive measures of the Sanitary Commission of that city. It appears that this body consists of five members, of whom four are physicians. Thus science, directed by experience, guided their deliberations; which were at once productive of appliances, the essential fitness and promptitude of which were neither broken nor retarded by the delays of bureaucracy. On the contrary, the execution followed instantly on the necessity; and the execution was rigorous, vigilant, and complete, because it was designed to be efficacious. On the other hand, in the provinces it was not the medical men who directed what was requisite for the public health. There, the advice of the physicians, when not utterly rejected, was subjected to non-medical supervision, where the spirit of the prophylactic measures was not adequately comprehended; or, if understood, was ignorantly and inefficiently applied. The results of this are illustrated by several special instances, where medical

directions were superseded or thwarted by the magistracy, to the prejudice of the zeal of the practitioners, and the detriment of the public safety.—*Edinburgh Medical Journal*, Dec. 1855, from *Omodei e Calderini, Annali Universali di Medicina*, Milano, August, 1855.

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Mortality Statistics of London for 1855.—The general results may be briefly stated as follows: The number of deaths in 1855 was 61,506, or 2.6 per cent. of the population; this is a decrease on the previous year of 12,191, when cholera was very fatal in the summer months, but is an increase on the mortality of 1853 of only 304; while in the two years there has been an increase of population by births of 34,425. Of the total amount of deaths, 29,654, or 48.2 per cent., are of persons under 20 years of age; 8,803, or 14.3 per cent., at 20, and under 40 years of age; 9,844, or 16 per cent., at 40, and under 60 years of age; 10,550, or 17.1 per cent., at 60, and under 80 years of age; and 2,255, or 3.6 per cent., at 80 years and upwards. According to the population under each age, the deaths of persons under 20 years are 30.8 per cent. of those living at that age; from 20 to 40 years, 1.05 per cent.; from 40 to 60 years, 2.4 per cent.; from 60 to 80 years, 7.8 per cent.; and from 80 years and upwards, 24.5 per cent.; so that actually more die, in proportion to the number living at the respective ages, under 20 years of age, than at 80 years and upwards. Surely it is quite time that most searching inquiries should be set on foot as to the fact, that nearly half of the mortality of London occurs to persons under 20 years of age. Is it a law of nature which humanity must submit to? or are we perpetuating conditions of society, under which it is impossible for the half of our rising population to exist? Can the Registrar-General give us no clue towards the solving of this problem? The zymotic class of disease has been fatal during 1855 to 13,528 persons, and the tubercular class, under which phthisis ranges itself, to 10,456; while diseases of the respiratory organs have carried off 11,114, victims. Of 84,000 women in London who had been in labour during the year, only about 300 have died. The sudden deaths have been 652; in 1854, they were 651; and the deaths from violence were 2,335, against 2,250 in 1854, and 2,401 in 1853. The deaths, as to the five districts into which London is divided, were as follows, in proportions per cent. to the population of those districts: West, 2.41 per cent.; North, 2.53; Central, 2.48; East, 2.73; South, 2.68. In the West districts 74 died of smallpox, and 332 of typhus: North districts, 284 smallpox, 419 typhus: Central districts, 125 smallpox, 311 typhus: East, 256 smallpox, 578 typhus; and in the South districts, 285 smallpox, and 692 typhus; 6,552 persons died in workhouses; 2,956 in general hospitals; 441 in hospitals for special diseases; 65 (of whom 39 were infants) in lying-in hospitals; and 456 in lunatic asylums.

Of persons in the various classes on which death levied its tribute, 424 were in high state offices, or were in the civil service, or local officers; 868 were soldiers, seamen, or pensioners; 382 were men in the learned professions, or their subordinate assistants; 153 were persons engaged in literature, and in cultivating the fine arts or sciences; 1,937 were innkeepers, domestic servants, or employed in making or in selling dress; 765 were engaged in commerce; 1,902 belonged to the carrying class; 371 were agriculturists (including gardeners); 165 were engaged about horses and other animals; 2,665 were workers in the mechanical arts, employing materials of various kinds; 805 persons were workers and dealers in animal matters, 1,835 in vegetable matters, 1,168 in minerals; 1,065 were rude labourers; 588 were annuitants, persons who had retired from business, or persons of some rank and property, but of no definite occupation; and 68 were persons supported by the community, and of no specified occupation. The population, under these several headings, will be found in the table. Of the 84,944 births (which are 3.6 per cent. of the population), 43,352 were of males, and 41,592 of females; the former preponderating by 1,760; and of the 61,506 deaths, 31,203 were of males, and 30,303 of females—900 males more than females. The increase of population accruing by births is 23,438; but, as we have often remarked, we consider the registration of births as most defective, there not being the same compulsion to register as in the case of deaths.—*Med. Times and Gaz.*, Feb. 2, 1856.

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Spirit Rapping.—There has been much gossip in the literary and scientific world relative to some *Spirit Rapping* experi-

ments, alleged to have been performed at the private residence of Mr. Rymer, a London solicitor, at Ealing, in the presence of Lord Brougham, Sir David Brewster, Mr. Hume, and Mrs. Trollope. All these distinguished individuals are reported to have become converts to the spiritual phenomena. Sir David Brewster has, however, since deemed it necessary to repudiate the fact of his conversion. Lord Brougham and Mrs. Trollope have not spoken out on the subject. Sir David Brewster's letter will be read with interest, and deserves to be placed permanently on record. He writes:—

"It is true that I saw at Cox's Hotel, in company with Lord Brougham, and at Ealing, in company with Mrs. Trollope, several mechanical effects which I was unable to explain. But though I could not account for all these effects, I never thought of ascribing them to spirits stalking beneath the drapery of the table; and I saw enough to satisfy myself that they could all be produced by human hands and feet, and to prove to others that some of them, at least, had such an origin. Were Mr. Hume (the American medium) to assume the character of the Wizard of the West, I would enjoy his exhibition as much as that of other conjurers; but when he pretends to possess the power of introducing among the feet of his audience the spirits of the dead, of bringing them into physical communication with their dearest relatives, and of revealing the secrets of the grave, he insults religion and common sense, and tampers with the most sacred feelings of his victims." In another letter Sir David enters in more detail into what Lord Brougham and he saw done by "the spirits," and what they did *not* see:—"It is not true that the accordeon *played on air throughout* in Lord Brougham's hands. It merely squeaked. It is not true, as stated in an article referred to by Mr. Hume, that Lord Brougham's 'watch was taken out of his pocket, and found in the hands of some other person in the room.' No such experiment was tried. . . . . At Mr. Cox's house, Mr. Hume, Mr. Cox, Lord Brougham, and myself sat down to a small table, Mr. Hume having previously requested us to examine if there was any machinery about his person, an examination, however, which we declined to make. When all our hands were upon the table noises were heard —rappings in abundance; and, finally, when we rose up the table actually rose, as appeared to me, from the ground. . . . . Besides the experiments with the accordeon, already mentioned, a small hand-bell to be rung by the spirits, was placed on the ground, near my feet. I placed my feet round it in the form of an angle, to catch any intrusive apparatus. The bell did not ring; but when taken to a place near Mr. Hume's feet, it speedily came across and placed its handle in my hand. This was amusing. It did the same thing bunglingly to Lord Brougham, by knocking itself against his lordship's knuckles, and after a jingle it fell. The *séance* was most curious at Ealing, where I was a more watchful and a more successful observer. I will not repeat the revelations made to Mrs. Trollope, who was there, lest I should wound the feelings of one so accomplished and sensible. I remember them with unmingled pain. The spirits were here very active, prolific in raps of various intonations, making long tables heavy or light at command; tickling knees, male and female, but always on the side next the medium; tying knots in handkerchiefs drawn down from the table, and afterwards tossed upon it; and prompting Mr. Hume, when he had thrown himself into a trance, to a miserable paraphrase on the Lord's Prayer. During these experiments I made some observations worthy of notice. On one occasion, the Spirit gave a strong affirmative answer to a question by *three raps*, unusually loud. They proceeded from a part of the table exactly within the reach of Mr. Hume's foot, and I distinctly saw three movements in his loins, perfectly simultaneous with the three raps."—*Journal of Psychological Medicine and Mental Pathology*, Jan., 1856.

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University of Berlin.—The number of students in this University during the last winter session, was 1,509; of these 253 attended the theological lectures, 650 those on law, 261 those on medicine, and 343 those on philosophy.

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University of Kiel, (Duchy of Holstein.)—There were the past winter session, in this university, 134 students, of whom 24 were theological, 44 law, 41 medical, and 25 philosophical. The number of professors is 45, ordinary and extraordinary.